



Request for Applications

RFA # A411

Supporting Women's Health Services

FUNDING AGENCY: North Carolina Department of Health and Human Services
Division of Public Health
Women, Infant, and Community Wellness Section

ISSUE DATE: October 2, 2023

DEADLINE DATE: November 17, 2023

INQUIRIES and DELIVERY INFORMATION:

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Applications will be received until 5:00 p.m. on November 17, 2023

Electronic copies of the application are available at <https://wicws.dph.ncdhhs.gov/>.

Send all applications electronically as indicated below:

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IMPORTANT NOTE: Indicate agency/organization name and RFA number on the front of each application envelope or package, along with the RFA deadline date.

RFA Table of Contents

I.	INTRODUCTION-----	4
	ELIGIBILITY -----	5
	FUNDING -----	5
II.	BACKGROUND -----	6
III.	SCOPE OF SERVICES -----	7
IV.	GENERAL INFORMATION ON SUBMITTING APPLICATIONS-----	15
	1. Award or Rejection -----	15
	2. Cost of Application Preparation-----	15
	3. Elaborate Applications -----	15
	4. Oral Explanations -----	15
	5. Reference to Other Data-----	15
	6. Titles -----	15
	7. Form of Application -----	15
	8. Exceptions-----	15
	9. Advertising -----	15
	10. Right to Submitted Material -----	16
	11. Competitive Offer -----	16
	12. Agency and Organization's Representative-----	16
	13. Subcontracting -----	16
	14. Proprietary Information -----	16
	15. Participation Encouraged-----	16
	16. Contract or Agreement Addendum -----	16
V.	APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW -----	17
	1. Announcement of the Request for Applications (RFA) -----	17
	2. Distribution of the RFA -----	17
	3. Mandatory Pre-Application Webinar / Question & Answer Period -----	17
	4. Notice of Intent -----	17
	5. Applications-----	17
	6. Format-----	18
	7. Space Allowance -----	18
	8. Application Deadline -----	18
	9. Receipt of Applications-----	18
	10. Review of Applications-----	18
	11. Request for Additional Information -----	18
	12. Audit -----	18
	13. Assurances-----	19
	14. Additional Documentation to Include with Application-----	19
	15. Federal Certifications -----	19
	16. Unique Entity Identifier (UEI) -----	19
	17. Additional Documentation Prior to Contract Execution-----	19
	18. Registration with Secretary of State -----	20
	19. Federal Funding Accountability and Transparency Act (FFATA)-----	20
	20. Iran Divestment Act-----	20
	21. Boycott Israel Divestment Policy -----	20
	22. Application Process Summary Dates-----	20

VI. PROJECT BUDGET -----	22
VII. EVALUATION CRITERIA -----	25
VIII. APPLICATION -----	26
Application Checklist -----	26
1. Cover Letter -----	27
2. Application Face Sheet -----	2728
3. Applicant's Response -----	29
4. IRS Letter -----	39
5. Verification of 501(c)(3) Status Form -----	40
Appendix A Forms for Reference -----	41
FEDERAL CERTIFICATIONS -----	42
CONFLICT OF INTEREST POLICY -----	51
Conflict of Interest Policy Example -----	52
NO OVERDUE TAX DEBTS CERTIFICATION -----	54
CONTRACTOR CERTIFICATIONS -----	55
FFATA Form -----	57

I. INTRODUCTION

The North Carolina Department of Health and Human Services (DHHS), Division of Public Health (DPH), Women, Infant and Community Wellness Section (WICWS) develops and promotes programs and services that protect the health and wellbeing of infants and women during their child-bearing years. The goal is to improve the overall health of women, reduce infant sickness and death, and strengthen families and communities. Priority is given to underserved, uninsured, or medically indigent individuals.

The Supporting Women’s Health Services RFA was established in 2023 to provide a competitive grants process among local health departments (LHDs) and nonprofit community health centers to increase access to contraceptives and improve maternal and infant health within their local communities.

The health of women of childbearing age and infants is critical to the health of communities. Some key indicators that provide information on the health of women and infants includes:

Unintended Pregnancy

According to the 2020 North Carolina Pregnancy Risk Assessment Monitoring System (PRAMS), 24.8% of NC pregnancies were unintended and 16.5% of women were unsure if their pregnancies were intended. Non-Hispanic Black women experienced the highest proportion of unintended pregnancies in the state at 38.6%. Unintended pregnancy can have serious health, social, and economic consequences and is a risk factor for delays in adequate prenatal care, and low birthweight.

Infant Mortality¹

In 2021, the infant mortality rate in North Carolina was 6.8 infant deaths per 1,000 live births. The disparity ratio between non-Hispanic White and non-Hispanic Black births remained greater than twofold.

Maternal Mortality

According to 2014 – 2016 data, the Maternal Mortality Rate (MMR) in NC is high among Black pregnant women at 27.7 deaths per 100,000 live births (NC Maternal Mortality Review Report). This rate is 1.8 times higher than the MMR among white pregnant women (NC Maternal Mortality Review Report). Such high rates are particularly concerning provided that the 2014 – 2016 North Carolina Maternal Mortality Review Report determined that 70% of the pregnancy-related deaths that occurred were preventable. Severe maternal morbidity (SMM), which the Centers for Disease Control and Prevention defines as “unexpected outcomes of labor and delivery that result in significant short- or long-term consequences to a woman’s health,” is even more common in NC than maternal mortality. The SMM rate in 2021 was 102.2 SMM cases per 10,000 delivery hospitalizations, a drastic increase from the previous four years which averaged 77 SMM cases per 10,000 delivery hospitalizations (NC DHHS, 2022).

Elimination of health disparities is a priority for DHHS and a key area of emphasis in developing programming.

¹ Source: NC DHHS State Center for Health Statistics, 24JAN2023.

ELIGIBILITY

Local health departments (LHDs) and nonprofit community health centers are eligible to apply to this RFA.

- Nonprofit community health centers can apply for funds for long-acting reversible contraceptives (LARCs) and to increase access for underserved, uninsured, or medically indigent patients.
- LHDs can apply for funds to increase access to all forms of contraceptives as well as to improve maternal and infant health.
- For-profit agencies are not eligible to apply.
- Agencies must be able to receive North Carolina State funding.

FUNDING

Awards will be made on an annual basis for a project period of three (3) to four (4) months and three (3) years, contingent upon contract compliance, project performance, and availability of funding.

The first project period for nonprofit community health centers will begin March 1, 2024, and will end May 31, 2024. The community health centers may be eligible to receive a one year and three months contract, with two project periods (one ending May 31, 2024 and the second ending May 31, 2025).

The first project period for LHDs will begin February 1, 2024, and will end May 31, 2024.

A total of \$3,500,000 is available to be awarded each year. Successful applicants will be awarded amounts based upon the documented need in their community, agency capacity, population served, etc. An agency can apply for funding in the range of \$50,000 - \$150,000 per year.

The project funding periods will be distributed as follows:

February or March 1, 2024 – May 31, 2024

June 1, 2024 – May 31, 2025

June 1, 2025 – May 31, 2026

June 1, 2026 – May 31, 2027

This RFA for supporting women's health services at the community level in North Carolina is funded by 100% state funding.

More than one entity may be awarded funding to provide services within the same county. This is possible when the population to be served is limited to a defined area, i.e., zip code. We do not want to duplicate efforts. A Memorandum of Agreement will be completed if both sites are funded.

II. BACKGROUND

Session Law 2023-14, Section 4.1 establishes funding to the Department of Health and Human Services, Division of Public Health to award grants on a competitive basis to local health departments and nonprofit community health centers. Nonprofit community health centers selected to receive these grant funds shall use the funds to purchase and make available long-acting reversible contraceptives (LARCs) and other contraceptive methods for underserved, uninsured, or medically indigent patients. The law indicates the term “long-acting reversible contraceptives” means a contraceptive drug or device that meets all of the following criteria:

- Is a method of birth control that provides effective contraception for an extended period of time without depending upon user action;
- Is designed as a temporary method of birth control that the user can elect to discontinue;
- Has been approved by the United States Food and Drug Administration for use as a contraceptive; and
- Is obtained under a prescription written by a health care provider authorized to prescribe medications under the laws of this State.

Local health departments selected to receive these grant funds can utilize the funding to increase access to contraceptives and/or to improve maternal and infant health within their local communities.

III. SCOPE OF SERVICES

The Supporting Women's Health Services funding opportunity includes two program aims: increase access to contraceptives and improve maternal and infant health. The table below outlines each program aim and the evidence-based/informed strategies (EBS) that can assist applying agencies to achieve each program aim. Each applicant must address at least one program aim (**note: nonprofit community health centers are only eligible to address the first program aim, to increase access to contraceptives, specifically LARCs**). Local health departments can apply to address one or two program aims.

Each applicant must select one of the evidence-based/informed strategies for each aim they plan to address.

PROGRAM AIMS	EVIDENCE-BASED/INFORMED STRATEGIES
A. Increase access to contraceptives	a. Provide extended clinical hours beyond normal business hours
	b. Offer contraceptive services in additional locations within community with satellite clinic opportunities
B. Improve maternal and infant health*	a. Birth doula services
	b. Group prenatal care
	c. Home visit for postnatal assessment and follow up care
	d. Community Health Worker integration
	e. Increase access to Behavioral Health/Maternal Mental Health providers by hiring or contracting with a new provider or increasing FTE of existing staff, (including Licensed Clinical Social Worker)

*Only local health departments are eligible to apply to address this program aim and any related EBS

Each program aim and EBSs are described below, along with its specific program requirements, annual performance outcome measures, and reporting requirements.

Program Aims

A. Increase Access to Contraceptives (**LHD AND Community Health Centers eligible to apply**)

1. Description:

Applicants may apply for funds to increase access to contraceptives. Applicants must demonstrate that the funding will provide additional opportunities for individuals within their communities to obtain contraception. The funding cannot be utilized to only purchase additional methods, and all other aspects of clinical services remains the same. Community health centers can only purchase LARCs and not other contraceptive methods under this funding. Funding can also be used for supports and staffing to increase access to LARCs.

2. Evidence-Based/Informed Strategies (**must choose at least one strategy**):

- Offer extended clinical hours beyond normal business hours for patients to access contraceptive services. A 2015 survey from Guttmacher Institute indicated that 51% of patients reported preferring to go to clinics with extended hours because they did not have to take time off from work or school, were more likely to find free or low-cost childcare, and

there were shorter waiting times during non-conventional clinic times². This may include having appointments earlier than 8 a.m. or after 5 p.m. on weekdays and/or offering appointments on weekends. The revised schedule may occur a few days a week, one day a week, or every other week. The schedule must be different than your current business hours that services are available.

- b. Offer contraceptive services in locations beyond your regular clinical space to reach additional patients. Offering alternative locations provides an opportunity to bring reproductive health services directly to communities in need, including those who face systemic barriers to care and those in rural areas³. These satellite locations may be utilizing another agency's space to offer services, such as a community college or university health center. Another way to offer a satellite location may be a mobile unit where services are provided.
3. Agencies working on this program aim will be required to implement a Patient Experience Survey, provided by the WICWS, with patients served under this funding. This will be a voluntary survey for patients to complete about their clinic experience. Survey results will be compiled by WICWS and a summary will be shared with funded agencies to incorporate in their quality improvement work.
 4. Training:
 - a. Staff providing contraceptive services with patients under this funding, will be required to complete a contraceptive counseling training during year one (and subsequent years for new staff). There will be no costs associated with completing this training requirement. Additional contraceptive-related trainings may be identified annually for staff to complete.
 - b. Staff from funded agencies will be required to attend a community engagement training to assist with increasing the number of individuals aware of services within the community.
 5. Funding Requirements:
 - a. Funding from this RFA can be utilized to purchase contraceptive methods, pay for LARC insertions and removals, cover staff time, and other supplies needed for contraceptive services. Community health centers are only eligible to purchase LARCs and LARC associated costs in regards to types of birth control methods. Funds could also support a community health worker assisting with increasing awareness of services.
 6. Annual Performance Outcome Measures
 - a. 100% of individuals receiving contraceptive services shall be underserved, uninsured, or medically indigent patients.
 - b. 100% of clinical staff providing contraceptive services to staff shall complete a contraceptive counseling training.

² Source: Guttmacher Institute: <https://www.guttmacher.org/report/publicly-funded-family-planning-clinic-survey-2015>

³ Source: Robert Wood Johnson Foundation (2018). <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/mobile-reproductive-health-clinics>

B. Improve Maternal and Infant Health (**only LHDs can apply**)

1. Description:

LHD applicants may apply for funds to implement evidence-based/informed strategies known to reduce maternal and infant mortality and morbidity rates. Applicants must develop and implement at least one strategy listed below for clients served at the health department or for any pregnant or postpartum individual in the identified service area.

2. Evidence-based/informed Strategies (**must choose at least one strategy**)

- a. Provide birth doula services for pregnant women receiving care at the local health department. Birth doulas are defined as a trained professional who supports a birthing woman during labor and birth. The birth doula will provide continuous physical, emotional, and informational support to pregnant women and their partners to help them achieve the safest, most satisfying birth experience possible. Data has shown that women who have continuous labor support provided by a trained doula are more likely to have a vaginal birth; less likely to use analgesia medications; and are less likely to have a cesarean birth (<https://www.ncbi.nlm.nih.gov/pubmed/28681500>).
- i. Program Requirements
 - a. Hire or contract with a birth doula(s) to provide support to pregnant women prenatally and continuously during labor and birth. Services include at least two prenatal visits, electronic communication (as needed), continuous support during labor and birth, and at least one postpartum visit.
 - b. To build the doula workforce in the county, funds can be used to provide birth doula training for individuals who are hired to provide doula services.
 - c. Develop a program plan that outlines how birth doula services will be integrated into the LHD maternal health program to improve maternal and infant health outcomes. The plan shall include, but not limited to: 1) criteria for referring pregnant women for doula services, 2) number of visits the birth doula will provide to the pregnant woman, 3) education to be provided to pregnant women to assist in preparation for labor and birth, 4) community outreach strategies to increase awareness of doula services, and 5) establishing collaborative relationship with local birth facility to increase awareness of the LHD birth doula program.
 - d. Administer a Patient Experience Survey, provided by the WICWS, with clients served under this funding. This will be a voluntary survey for clients to complete about their clinic experience. Survey results will be compiled by WICWS and a summary will be shared with funded agencies to incorporate in their quality improvement work.
- ii. Annual Performance Outcomes Measures
 - a. At least 18 unduplicated pregnant women per hire or contracted birth doula shall receive complete doula services, with at least 50% shall represent historically marginalized populations.
 - b. At least 75% of LHD clients who received doula services shall complete a birth satisfaction survey.

- b. Implement a group prenatal care model as part of the LHD maternal health clinical services. The group prenatal care model is supported by the American College of Obstetricians and Gynecologists (ACOG) due to documented evidence that suggests that patients have better prenatal knowledge, feel better prepared for labor and birth, have reduction in preterm births, improved breastfeeding initiation and satisfaction with maternal health care.
- i. Program Requirements
 - a. For a new group prenatal care program, choose one of these two group prenatal care models:
 1. Centering Healthcare Institute (CHI) Centering Pregnancy model of group prenatal care incorporates three major components: assessment, education, and support. This model of care promotes greater patient engagement, personal empowerment, and community building (<https://www.centeringhealthcare.org/>).
 2. March of Dimes (MOD) Supportive Pregnancy Care model includes prenatal care, perinatal health education, and social support. This model of care is a flexible education and resource framework that enables maternity care providers to implement group prenatal care in a way that works best for their practice setting and the patients they serve (<https://www.marchofdimes.org/supportivepregnancycare#:~:text=Supportive%20Pregnancy%20Care%C2%AE%20is,to%20implement%20group%20prenatal%20care>).
 3. Hire or reassign program staff to conduct group sessions.
 4. Complete facilitator training for selected model.
 5. Create cohorts from its prenatal clients and provide each cohort with a minimum of ten group prenatal sessions, each lasting 90- to 120-minutes.
 6. Administer a Patient Experience Survey, provided by the WICWS, with clients served under this funding. This will be a voluntary survey for clients to complete about their clinic experience. Survey results will be compiled by WICWS and a summary will be shared with funded agencies to incorporate in their quality improvement work.
 - b. For an existing group prenatal care program, activities shall include:
 1. Support existing program staff and/or hire or reassign additional program staff to conduct group sessions.
 2. Complete training with selected group prenatal care model for new or re-assigned program staff (if needed).
 3. Create cohorts from its prenatal clients and provide each cohort with a minimum of ten group prenatal sessions, each lasting 90- to 120-minutes.
 4. Administer a Patient Experience Survey, provided by the WICWS, with clients served under this funding. This will be a voluntary survey for clients to complete about their clinic experience. Survey results will be compiled by WICWS and a summary will be shared with funded agencies to incorporate in their quality improvement work.
- ii. Annual Performance Outcomes Measures
 - a. 100% of staff identified to facilitate group prenatal care sessions will complete training either through CHI or MOD.
 - b. At least 3 prenatal care groups shall be conducted annually.

- c. At least 30% unduplicated pregnant women shall receive group prenatal care services and at least 50% shall represent historically marginalized populations.
 - d. At least 40% program participants shall initiate breastfeeding.
- c. Implement or Enhance existing Home Visit for Postnatal Assessment (HVPNA) and Follow up Care service to pregnant individuals following delivery. These funds can only be utilized to serve underinsured and uninsured postpartum women in the county. The HVPNA should be provided within 2 – 3 weeks of delivery. The goals of HVPNA are to provide a key mechanism for reaching families early post-delivery with preventative and anticipatory services, provide opportunities for timely referral of problems, promote spacing of subsequent pregnancies, and provide a link to women’s preventative health services.
 - i. Program Requirements
 - a. Hire a full-time or re-assign a percent FTE for a Registered Nurse (RN) to coordinate HVPNA services. A RN who is 100% FTE for Care Manager for Care Management for High-Risk Pregnancies (CMHRP) or Care Management for At-Risk Children (CMARC) is not eligible to coordinate services.
 - b. RN must provide one-on-one, face-to-face visits in the client’s home.
 - c. Follow the Home Visit for Postnatal Assessment and Follow-up Care Protocol. Protocol available at: <https://wicws.dph.ncdhhs.gov/Forms/4152-HomeVPNAFollow-UpInstructions-22.pdf>
 - ii. Annual Performance Outcomes Measures
 - a. 100% of staff identified to conduct postnatal home visits will be appropriately trained to provide the service.
 - b. At least 90% of home visits are conducted within the first 3 weeks after birth.
 - c. At least 75% of postpartum clients referred for home visits will receive services.
 - d. 70% of postpartum clients receiving the home visit will return for their postpartum office visit between 6 – 8 weeks after birth.
 - e. 100% of the clients receiving the home visit will develop a reproductive life plan to discuss with provider during postpartum office visit.
 - f. 100% of clients will receive education on maternal warning signs (i.e., Post-birth Warning Signs) during the home visit.
- d. Integrate a Community Health Worker (CHW) model into the program area or evidence-based strategy selected. The American Public Health Association (APHA) defines a community health worker as “a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served” whose relationship with the community “enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.” CHWs are uniquely qualified to work with individuals of reproductive age, their children, and families in our efforts to improve community outcomes for maternal and infant health.

In May 2018, DHHS released a report entitled, “Community Health Workers in North Carolina: Creating an Infrastructure for Sustainability” (https://files.nc.gov/ncdhhs/DHHS-CWH-Report_Web%205-21-18.pdf). The findings from this report and results of the pilot of the CHW curriculum and certification process can be utilized to train CHWs to work with

individuals of reproductive age, their children, and their families. The WICWS recognizes the role of CHWs as the liaison, health navigator, health and wellness promoter and advocate for individuals of reproductive age and their families in the community. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy. **Each CHW hired by the local health department must attend and successfully complete the certification training. Funds should be allocated in the program budget to underwrite training registration, materials and travel costs for each CHW to be trained.**

- i. Program Requirements
 - a. Integrate a CHW model into at least one evidence-based strategy or program area aimed to improve reproductive life planning and maternal and/or infant health.
 - b. Develop a plan for CHW integration and implementation that includes, but not limited to, description of program in which CHW will be integrated, scope of practice for CHW, additional training to be provided to CHW, etc. Conduct outreach and education (one-on-one or group) efforts on topics including but not limited to Medicaid, WIC, reproductive life planning, preconception and interconception health and related areas.
 - c. Make referrals based on participant need for resources such as, but not limited, to Medicaid, WIC, etc.
 - d. Document services provided and referrals made to persons of reproductive age served. Written or electronic documentation, at a minimum, shall include name of participant, address, county of residence, age, race, and ethnicity.
 - e. Document all outreach and educational sessions conducted. Written or electronic documentation, at a minimum, shall include date and location of event or session, number of persons in attendance, topic or focus area, etc.
 - f. Hire at least one (1) Community Health Worker to carry out the selected program area to be implemented in the county to be served by the local health department.
 - g. Send the CHW to the NC Community Health Worker Association sponsored training. Each CHW must complete one of the training tracks within 9 months of hire date. Documentation of successful completion of CHW training shall be submitted to the DPH Contract Administrator within 30 days of completion.
 - h. The CHW must also receive training on the topic area(s) shared during outreach and education.
- ii. Annual Performance Outcomes Measures
 - a. 100% of CHW(s) will successfully complete the CHW training within 9 months of hire.
 - b. At least 75% of clients served in the selected program area will engage with the CHW(s).
 - c. 100% of clients who engage with the CHW will be educated about 12-month postpartum Medicaid coverage and about application process for Medicaid.
- e. Increase access to Behavioral Health/Maternal Mental Health providers by hiring or contracting with new providers or increasing FTE of existing staff. Perinatal mental health symptoms impact more than 1 in 5 people, but often go untreated or undertreated. Psychotherapy is the first-line treatment for perinatal mood disorders regardless of symptom

severity and integrated behavioral health care has been shown to improve patient outcomes. Untreated or undertreated Postpartum Mood and Anxiety Disorders (PMADs) are associated with major short- and long-term morbidities for both the mother and fetus/neonate, including preterm birth, small for gestational age, compromised maternal-infant bonding, worsening PMAD symptom trajectory and, in rare cases, maternal mortality.

- i. Program Requirements
 - a. Hire or contract with a new Behavioral Health/Maternal Mental Health provider OR increase the percent of full-time equivalent (FTE) of an existing staff.
 - b. Develop or enhance protocols to identify pregnant and postpartum women who could benefit from behavioral health services (brief intervention, referral to treatment (SBIRT) for substance use disorders and mental health disorders), which includes appropriate referrals and follow-up after a positive screening.
 - c. Develop a plan for how the LHD shall integrate perinatal behavioral health services to include, but not limited to, 1) use of shared care plans, 2) use of the NC Maternal Mental Health MATTERS psychiatric access line (ncmatters.org) among LHD clinical providers, 3) collaborate with the NC MATTERS perinatal psychiatry team to carry out assessments and treatment planning with patients, 4) plan for care coordination to support quick coordination and triage of patients, 5) education to pregnant and postpartum women and their family on integrated care and 6) plan for connecting pregnant and postpartum women to external behavioral health resources, providers, and other community resources.
 - d. Designate at least one behavioral health provider to participate in a LHD Community of Practice, convened by WICWS, to discuss ways to learn, improve, or address issues, problems or situations related to perinatal behavioral or mental health.
- ii. Annual Performance Outcomes Measures
 - a. 90% of LHD clients with a positive score on a behavioral health screening tool(s) shall be referred to the behavioral health professional.
 - b. 100% of LHD clients referred to behavioral health provider will develop a care plan that is reflective of client goals and shared with all maternal health providers.
 - c. Behavioral health provider will participate in at least 90% of Community of Practice meetings.
- iii. Training
 - a. Staff from funded agencies will be required to attend a community engagement training to assist with increasing the number of individuals aware of services within the community.

C. Annual Reporting Requirements

1. Program Reporting

- a. Each funded agency shall submit an annual report that provides detailed information on program deliverables, performance outcome measures, activities, and participant data for each evidence-based strategy. A report template will be provided by the DPH Contract Administrator. The submission date will be determined by the DPH Contracts Administrator.
- b. Each agency shall administer a program participant satisfaction survey to obtain programmatic feedback for each evidence-based strategy. A summary of the satisfaction survey responses shall be submitted to the DPH Contracts Administrator. The submission dates will be determined by the DPH Contracts Administrator.

2. Expenditure Reporting

- a. Each agency shall submit a monthly itemization report outlining the previous months line-item expenditures. The monthly submission dates will be determined by the DPH Contracts Administrator. A copy of the monthly itemization report will be provided by the DPH Contracts Administrator.
- b. Note: Community Health Centers funded must submit a monthly contract expenditure report to be reimbursed for the previous month's expenditures. This monthly report is due by the 10th of every month. Your agency expends funds to implement the work and the state reimburses, based on monthly submission of expenses.

IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS

1. Award or Rejection

All qualified applications will be evaluated and award made to that agency or organization whose combination of budget and service capabilities are deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful applicants will be notified by December 8, 2023.

2. Cost of Application Preparation

Any cost incurred by an agency or organization in preparing or submitting an application is the agency's or organization's sole responsibility; the funding agency will not reimburse any agency or organization for any pre-award costs incurred.

3. Elaborate Applications

Elaborate applications in the form of brochures or other presentations beyond that necessary to present a complete and effective application are not desired.

4. Oral Explanations

The funding agency will not be bound by oral explanations or instructions given at any time during the competitive process or after awarding the grant.

5. Reference to Other Data

Only information that is received in response to this RFA will be evaluated; reference to information previously submitted will not suffice.

6. Titles

Titles and headings in this RFA and any subsequent RFA are for convenience only and shall have no binding force or effect.

7. Form of Application

Each application must be submitted on the form provided by the funding agency. Both the *Application Form* and *Budget and Justification Form* will be sent to interested agencies along with this RFA, and they can be downloaded on **October 2, 2023** from the Program's website at <https://wicws.dph.ncdhhs.gov/>.

8. Exceptions

All applications are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions. The attachment of other terms and conditions by any agency or organization may be grounds for rejection of that agency or organization's application. Funded agencies and organizations specifically agree to the conditions set forth in the Performance Agreement (contract).

9. Advertising

In submitting its application, agencies and organizations agree not to use the results therefrom or as part of any news release or commercial advertising without prior written approval of the funding agency.

10. Right to Submitted Material

All responses, inquiries, or correspondence relating to or in reference to the RFA, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the agency or organization will become the property of the funding agency when received.

11. Competitive Offer

Pursuant to the provision of G.S. 143-54, and under penalty of perjury, the signer of any application submitted in response to this RFA thereby certifies that this application has not been arrived at collusively or otherwise in violation of either Federal or North Carolina antitrust laws.

12. Agency and Organization's Representative

Each agency or organization shall submit with its application the name, address, and telephone number of the person(s) with authority to bind the agency or organization and answer questions or provide clarification concerning the application.

13. Subcontracting

Agencies and organizations may propose to subcontract portions of work provided that their applications clearly indicate the scope of the work to be subcontracted, and to whom. All information required about the prime grantee is also required for each proposed subcontractor.

Agencies and organizations shall also ensure that subcontractors are not on the state's Suspension of Funding List available at: <https://www.osbm.nc.gov/stewardship-services/grants/suspension-funding-memos>.

14. Proprietary Information

Trade secrets or similar proprietary data which the agency or organization does not wish disclosed to other than personnel involved in the evaluation will be kept confidential to the extent permitted by NCAC TO1: 05B.1501 and G.S. 132-1.3 if identified as follows: Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL." Any section of the application that is to remain confidential shall also be so marked in boldface on the title page of that section.

15. Participation Encouraged

Pursuant to Article 3 and 3C, Chapter 143 of the North Carolina General Statutes and Executive Order No. 77, the funding agency invites and encourages participation in this RFA by businesses owned by minorities, women and the disabled, including utilization as subcontractor(s) to perform functions under this Request for Applications.

16. Contract or Agreement Addendum

The Division will issue a contract (or Agreement Addendum for LHDs) to the recipient of the RFA funding. Expenditures can begin immediately upon receipt of a completely signed contract or Agreement Addendum.

V. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW

The following is a general description of the process by which applicants will be selected for funding for this project.

1. **Announcement of the Request for Applications (RFA)**

The announcement of the RFA and instructions for receiving the RFA will be posted at the following DHHS website on **October 2, 2023**:

<http://www.ncdhhs.gov/about/grant-opportunities/public-health-grant-opportunities> and may be sent to prospective agencies and organizations via direct mail, email, and/or the Program's website.

2. **Distribution of the RFA**

RFAs will be posted on the Program's website <https://wicws.dph.ncdhhs.gov/> and may be sent via email to interested agencies and organizations beginning **October 2, 2023**.

3. **Mandatory Pre-Application Webinar / Question & Answer Period**

All prospective applicants are required to attend a pre-application webinar on **October 11, 2023, from 1:00 p.m. to 2:30 p.m.** at <https://www.zoomgov.com/j/1612170108>. At least one individual from your agency must attend the webinar to be eligible to apply for these funds.

Written questions concerning the specifications in this Request for Applications will be received until **5:00 p.m. on October 27, 2023**. As an addendum to this RFA, a summary of all questions and answers will be placed on <https://wicws.dph.ncdhhs.gov/> website by **5:00 p.m. November 3, 2023**. Any questions must be addressed to the staff listed on the front cover of this RFA. Eligible applicants are those agencies who participated on the mandatory pre-application webinar.

4. **Notice of Intent**

Any agency that plans to submit an application shall submit a Notice of Intent no later than **5pm on October 20, 2023**. Notice of Intent is not required in order to submit an application but is requested to assist in planning for the review of applications. The link to submit a notice of intent is: <https://www.surveymonkey.com/r/MJP9B8C>. The following information will be requested in the Notice of Intent:

- The legal name of the agency.
- The name, title, phone number, mailing address, and email address of the person who will coordinate the application submission.
- County(ies) where services will be provided.

5. **Applications**

Applicants shall email a PDF version of the full application to Kristen.carroll@dhhs.nc.gov. Faxed applications will not be accepted.

6. Format

The application must be typed, single-side on 8.5" x 11" paper with margins of 1". Line spacing should be single-spaced. The font should be easy to read and no smaller than an 11-point font.

7. Space Allowance

Page limits are clearly marked in each section of the application.

8. Application Deadline

All applications must be received by **5:00 pm on November 17, 2023**. Faxed applications **will not** be accepted in lieu of the emailed PDF version.

9. Receipt of Applications

Applications from each responding agency and organization will be logged with the date and time received. Applicants will receive an email confirmation that the application has been received.

10. Review of Applications

Applications are reviewed by a multi-disciplinary committee of public and private health and human services providers who are familiar with the subject matter. Staff from applicant agencies may not participate as reviewers. The committee will review each application for completeness, content, experience with similar projects, ability of the agency's or organization's staff, cost, etc. The committee uses a standardized set of criteria based on various factors to establish a score for each application and provides recommendations for funding. The award of a grant to one (1) agency and organization does not mean that the other applications lacked merit, but that, all facts considered, the selected application was deemed to provide the best service to the State. Agencies and organizations are cautioned that this is a request for applications, and the funding agency reserves the unqualified right to reject any and all applications when such rejections are deemed to be in the best interest of the funding agency.

11. Request for Additional Information

At their option, the application reviewers may request additional information from any or all applicants for the purpose of clarification or to amplify the materials presented in any part of the application. However, agencies and organizations are cautioned that the reviewers are not required to request clarification. Therefore, all applications should be complete and reflect the most favorable terms available from the agency or organization.

12. Audit

Please be advised that successful applicants may be required to have an audit in accordance with G.S. 143C-6-22 and G.S. 143C-6-23 as applicable to the agency's status.

G.S. 143C-6-23 requires every nongovernmental entity that receives State or Federal pass-through grant funds directly from a State agency to file annual reports on how those grant funds were used.

There are 3 reporting levels which are determined by the total direct grant receipts from all State agencies in the entity's fiscal year:

Level 1: Less than \$25,000

Level 2: At least \$25,000 but less than \$500,000

Level 3: \$500,000 or more

Level 3 grantees are required to submit a "Yellow Book" Audit done by a CPA. Only Level 3 grantees may include audit expenses in the budget. Audit expenses should be prorated based on the ratio of the grant to the total pass-through funds received by the entity.

13. Assurances

The contract may include assurances that the successful applicant would be required to execute prior to receiving a contract as well as when signing the contract.

14. Additional Documentation to Include with Application for Nonprofit Community Health Centers

All community health centers are required to include documentation of their tax identification number.

Those applicants which are private non-profit agencies are to include a copy of an IRS determination letter regarding the agency's 501(c)(3) tax-exempt status. (This letter normally includes the agency's tax identification number, so it would also satisfy that documentation requirement.)

In addition, those private non-profit agencies are to provide a completed and signed page verifying continued existence of the agency's 501(c)(3) status.

15. Federal Certifications

Agencies or organizations receiving Federal funds would be required to execute Federal Certifications regarding Non-discrimination, Drug-Free Workplace, Environmental Tobacco Smoke, Debarment, Lobbying, and Lobbying Activities. A copy of the Federal Certifications is included in this RFA for your reference (see Appendix A). Federal Certifications should NOT be signed or returned with application.

16. Unique Entity Identifier (UEI)

All grantees receiving federal funds must have a Unique Entity Identifier (UEI) which is issued by the federal government in www.SAM.gov. If your agency does not have a UEI, please use the online registration at www.SAM.gov to receive one free of charge.

17. Additional Documentation Prior to Contract Execution

Contracts require more documentation prior to contract execution. After the award announcement, agencies will be contacted about providing the following documentation:

- a. Documentation of the agency's Unique Entity Identifier (UEI).

If your agency does not have a UEI, please use the online registration at www.SAM.gov to receive one free of charge.

Contracts with private non-profit agencies require additional documentation prior to contract execution. After the award announcement, private non-profit agencies will be contacted about providing the following documentation:

- a. A completed and signed statement which includes the agency's Conflict of Interest Policy. (A reference version appears in Appendix A.)
- b. A completed, signed, and notarized page certifying that the agency has no overdue tax debts. (A reference version appears in Appendix A)

All grantees receiving funds through the State of North Carolina are required to execute Contractor Certifications Required by North Carolina Law. A copy of the certifications is included in this RFA for your reference (see Appendix A). Contractor Certifications should NOT be signed or returned with application.

Note: At the start of each calendar year, all agencies with current DPH contracts are required to update their contract documentation. These agencies will be contacted a few weeks prior to the due date and will be provided the necessary forms and instructions.

18. Registration with Secretary of State

Private non-profit applicants must also be registered with the North Carolina Secretary of State to do business in North Carolina, or be willing to complete the registration process in conjunction with the execution of the contract documents. (Refer to: https://www.sosnc.gov/divisions/business_registration)

19. Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement

The Contractor shall complete and submit to the Division, the Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement form within 10 State Business Days upon request by the Division when awarded \$25,000 or more in federal funds. A reference version appears in Appendix A.

20. Iran Divestment Act

As provided in G.S. 147-86.59, any person identified as engaging in investment activities in Iran, determined by appearing on the Final Divestment List created by the State Treasurer pursuant to G.S. 147-86.58, is ineligible to contract with the State of North Carolina or any political subdivision of the State.

21. Boycott Israel Divestment Policy

As provided in Session Law 2017-193, any company that boycotts Israel, determined by appearing on the Final Divestment List created by the State Treasurer pursuant to Session Law 2017-193 is ineligible to contract with the State of North Carolina or any political subdivision of the State.

22. Application Process Summary Dates

10/02/2023: Request for Applications released to eligible applicants.

10/11/2023: Mandatory Pre-application Webinar.

10/20/2023: Notice of Intent due.

10/27/2023: End of Q&A period. All questions due in writing by 5pm.

11/03/2023: Answers to Questions released to all applicants, as an addendum to the RFA.

11/17/2023: Applications due by 5pm.

12/08/2023: Successful applicants will be notified.

02/01/2024: Agreement Addendum begins.

03/01/2024: Contract begins.

VI. PROJECT BUDGET

Budget and Justification

Applicants must complete the *Budget and Justification Form*, which requires a line-item budget for the first and second year of funding and a narrative justification. The form will be sent to interested agencies along with this RFA, and it can be downloaded on October 2, 2023 from the Women, Infant, and Community Wellness Section website at <https://wicws.dph.ncdhhs.gov/>.

Narrative Justification for Year One (3 or 4 months) and Year Two (12 month) Expenses

A narrative justification must be included for every expense listed in the year one and year two budgets. Each justification should show how the amount on the line-item budget was calculated, and it should be clear how the expense relates to the project. Reference *How to Fill out the Open Window Budget Form* which can be found on the Women, Infant, and Community Wellness Section website at <https://wicws.dph.ncdhhs.gov/>.

Travel Reimbursement Rates

Mileage reimbursement rates must be based on rates determined by the North Carolina Office of State Budget and Management (OSBM). Because mileage rates fluctuate with the price of fuel, the OSBM will release the “Change in IRS Mileage Rate” memorandum to be found on OSBM’s website when there is a change in this rate. The current state mileage reimbursement rate is \$0.655 cents per mile.

For other travel related expenses, please refer to the current rates for travel and lodging reimbursement, presented in the chart below. However, please be advised that reimbursement rates periodically change. The Division of Public Health will only reimburse for rates authorized in North Carolina Department of Health and Human Services Travel Policy. Effective July 1, 2021, the Department of Health and Human Services (DHHS) shall utilize GSA State/City Standard Travel Per Diems as the maximum allowable statutory rate for meals and lodging (subsistence). The following schedule (effective July 1, 2021) shall be used for reporting allowable subsistence expenses incurred while traveling on official state business:

Current Rates for Travel and Lodging

Meals	In State	Out of State
Breakfast	\$13.00	\$13.00
Lunch	\$15.00	\$15.00
Dinner	\$26.00	\$26.00
<i>Total Meals Per Diem Per Day</i>	<i>\$54.00</i>	<i>\$54.00</i>
Lodging (<i>Maximum rate per person, excludes taxes and fees</i>)	\$98.00 + taxes/fees	\$98.00 + taxes fees
Total Travel Allowance Per Day	\$152.00	\$152.00
Mileage	\$0.655 per mile/regardless of distance	

Equipment

The maximum that can be expended on an equipment item, without prior approval from the WICWS, is \$2,000. An equipment item that exceeds \$2,000 shall be approved by the WICWS before the purchase can be made. If an equipment item shall be used by multiple clinics, you must prorate the cost of that

equipment item and the narrative must include a detailed calculation which demonstrates how the agency prorates the equipment.

Justification Example: 1 shredder @ \$1,500 each for nursing office staff to shred confidential patient information. Cost divided between 3 clinics: $\$1,500/3 = \500 .

Administrative Personnel Fringe Costs

Provide position titles, staff FTE amounts, brief description of the positions, and method of calculating each fringe benefit that shall be funded. A description can be used for multiple staff if the duties being performed are similar. *Do **not** prorate the salary and fringe amounts. The spreadsheet will prorate these amounts based on the number of months and percent of time worked.*

Justification Example: P. Johnson, Reproductive Health Coordinator, 0.25 FTE, Performs the following duties for patients who request Reproductive Health services: 1) Intake of patient history/reason for appointment; 2) Collect per nurse standing orders; 3) Provide education required components; and 4) Assist medical providers with any further needs within nursing scope of practice.

Budget Narrative Justification Example: FICA at 7.65% of budgeted salary; Retirement at 10% of budgeted salary; Unemployment at 2% of budgeted salary; and Other at 3% (includes life insurance, AD&D and liability insurance) of budgeted salary. Health insurance is \$6,000 per individual.

Incentives

Incentives may be provided to program participants in order to ensure the level of commitment that is needed to achieve the expected outcomes of the program. While there is no maximum amount of funding that may be used to provide incentives for program participants, the level of incentives must be appropriate for the level of participation needed to achieve the expected outcomes of the program. Examples of incentives are as follows: gift cards, gas cards/bus passes, and water bottles.

Justification Example: Gift cards for 10 participants @ \$20/card = \$200.

Audits

G.S. 143C-6-23 requires every nongovernmental entity that receives State or Federal pass-through grant funds directly from a State agency to file annual reports on how those grant funds were used.

There are 3 reporting levels that are determined by the total direct grant receipts from all State agencies in the entity's fiscal year:

Level 1: Less than \$25,000

Level 2: At least \$25,000 but less than \$500,000

Level 3: \$500,000 or more

Level 3 grantees are required to submit an audit. Only Level 3 grantees may include audit expenses in the budget. Audit expenses should be prorated based on the ratio of the grant to the total pass-through funds received by the entity.

Indirect Cost

Indirect cost is the cost incurred for common or joint objectives which cannot be readily identified but are necessary to the operations of the organization, e.g., the cost of operating and maintaining facilities, depreciation, and administrative salaries. Regulations restricting the allocation of indirect cost vary based on the funding source.

This RFA is funded by 100% State Funds.

State Funds

NC Division of Public Health limits indirect cost to **10%** percent.

VII. EVALUATION CRITERIA

SCORING OF APPLICATIONS

Applications shall be scored based on the responses to the four application content areas. There are a total possible points of 76 in this application, outlined below.

Content Areas

1. Cover Letter:

Total maximum points = 3

2. Needs Assessment:

Total maximum points = 18

3. Program Plan:

Total maximum points = 24

4. Data Collection, Evaluation and Reporting:

Total maximum points = 10

5. Agency Ability:

Total maximum points = 15

6. Budget:

Total maximum points = 6

Each of the content areas will be scored according to the numerical values stated above.

VIII. APPLICATION

Application Checklist

The following items must be included in the application. Please use a binder clip at the top left corner on each copy of the application and assemble the application in the following order:

1. ___ **Cover Letter**
2. ___ **Application Face Sheet**
3. ___ **Applicant's Response/Form**
4. ___ **Project Budget**
 Include a budget in the format provided.
 Indirect costs are allowed and shall not exceed 10%.
5. ___ *IRS Documentation for Community Health Centers:*
 ___ **IRS Letter Documenting Your Organization's Tax Identification Number** (public agencies)
 or
 ___ **IRS Determination Letter Regarding Your Organization's 501(c)(3) Tax-exempt Status** (private non-profits)
 and
6. ___ **Verification of 501(c)(3) Status Form** (private non-profits)

1. Cover Letter (3 points)

The application must include a cover letter, on agency letterhead, signed and dated by an individual authorized to legally bind the Applicant. Please cover the following in the letter: agency mission, brief history, background & current services provided, and how this proposed work fits within your agency mission. There is no page limit for the cover letter.

Include in the cover letter:

- the legal name of the Applicant agency
- the RFA number
- the Applicant agency's federal tax identification number
- the Applicant agency's Unique Entity Identifier (UEI)

2. Application Face Sheet

This form provides basic information about the applicant and the proposed project with *Supporting Women's Health Services*, including the signature of the individual authorized to sign "official documents" for the agency. This form is the application's cover page. Signature affirms that the facts contained in the applicant's response to RFA # A411 are truthful and that the applicant is in compliance with the assurances and certifications that follow this form and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below.

1. Legal Name of Agency:	
2. Name of individual with Signature Authority:	
3. Mailing Address (include zip code+4):	
4. Address to which checks will be mailed:	
5. Street Address:	
6. Contract Administrator: Name: Title:	Telephone Number: Fax Number: Email Address
7. Agency Status (check all that apply): <input type="checkbox"/> Public <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Local Health Department	
8. Agency Federal Tax ID Number:	9. Agency UEI:
10. Agency's URL (website):	
11. Agency's Financial Reporting Year:	
12. Current Service Delivery Areas (county(ies) and communities):	
13. Proposed Area(s) To Be Served with Funding (county(ies) and communities):	
14. Amount of Funding Requested	
15. Projected Expenditures: Does applicant's state and/or federal expenditures exceed \$500,000 for applicant's current fiscal year (excluding amount requested in #14) Yes <input type="checkbox"/> No <input type="checkbox"/>	
The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DPH Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant.	
16. Signature of Authorized Representative:	17. Date

3. Applicant's Response

Section 1

Needs Assessment

Do not delete the question headers.

Please provide your response to each question under the heading.

Total Point Value:

18

Page Limit:

**6 single-spaced
(excluding citation page)**

- 1-1. Provide a written description that includes which Program Aim(s) were selected and which evidence-based strategy(ies) (EBSs), and how the selections were made. **At least one (1)** Program Aim and **at least one (1)** EBS must be selected under each program aim. (Note: Community Health Centers can only apply for the Increase Contraceptive Access Program Aim) (4 points)
- 1-2. Provide a written description for the need of each selected EBS. Provide appropriate and **recent data** to support the need for each selected EBS, including your agency data. Please include qualitative data if available. (8 points)
- 1-3. Describe the specific population to be served within the county for each selected EBS. This description should include factors that have an impact on outcomes, such as: race/ethnicity, age, educational level, income level, and housing. Please note that it is not sufficient to state that potential program participants are at “high risk.” (5 points)

Appropriate data sources must be cited in the needs assessment. One way this can be done is by using endnotes with the citation list included on a separate page at the end of the needs assessment section. (1 point)

Section 2

Program Plan

Do not delete the question headers.

Please provide your response to each question under the heading.

Total Point Value:

24 points

Page Limit:

8 single-spaced

- 2-1. Describe how your agency will implement each selected evidence-based strategy (EBS). Describe, in detail, how your agency will set up or expand current services to implement the strategy(ies). Include who is responsible, when, where and how the work will occur. Include the number of proposed people you plan to reach for each EBS. If you currently provide this service, how many individuals are you seeing currently and how many additional individuals do you plan to serve with this funding. (8 points)
- 2-2. Describe how the training requirements will be met for program staff under each selected EBS. (2 points)
- 2-3. Describe how your agency will meet each performance outcome measure under each selected EBS. (4 points)
- 2-4. Describe how your agency will address barriers that affect implementation and meeting performance outcomes. (Examples: staff turnover, advertising, loss of contact with participants, no shows for appointments, recruitment and retention issues, and low attendance at sessions). (4 points)
- 2-5. For each selected EBS, describe how the priority populations and/or persons with lived experience have been or will be involved in the program planning, implementation, or evaluation. (6 points)

Section 3

Data Collection, Evaluation and Reporting

Do not delete the question headers.

Please provide your response to each question under the heading.

Total Point Value:

10

Page Limit:

4 single-spaced

- 3-1. Describe who will be responsible for collecting program data for each EBS. (2 points)
- 3-2. Describe who will be responsible for submitting program reports that include program data and detailed information on program activities and annual performance outcome measures. (2 points)
- 3-3. For each selected EBS, describe who will be responsible for administering the program participant satisfaction surveys. (4 points)
 - a. How will you use participant feedback to improve each selected EBS?
 - b. Who will be responsible for collecting and reviewing feedback from the surveys?
 - c. Who will be responsible for submitting the annual survey summary?
- 3-4. Describe how participant/patient information will be kept confidential. (2 point)

Section 4

Agency Ability

Do not delete the question headers.

Please provide your response to each question under the heading.

Total Point Value:

15

Page Limit:

6 single-spaced

- 4-1. Describe your agency's experience working with reproductive health services (if implementing Program Aim A) and/or maternal and infant health (if a LHD and implementing Program Aim B). Describe your agency's experience working with uninsured, underinsured, and marginalized communities. Include the agency's organizational chart in Attachment A. (3 points)
- 4-2. Describe who will be responsible for managing grant funds, budgeting, purchasing, tracking program expenses, and submitting monthly expenditure reports. (2 points)
- 4-3. Describe the process for recruiting and hiring staff if they are not currently in place. Describe the plan for training program staff for selected EBSs with required trainings. (2 points)
- 4-4. Using the chart below, list each staff position title that is necessary to implement and support each selected EBS. Include the employee's name if already hired, or if not hired list as vacant. Please insert additional rows if needed. (4 points)

Position Title	Employee Name	Full-Time Equivalency (FTE) %	Evidence-Based Strategy

- 4-5. Describe your agency's history of staff turnover over the past four (4) years. Describe how you will minimize staff turnover during the grant period. (2 points)
- 4-6. How are your agency staff reflective of the population your agency plans to serve (race/ethnicity/language)? (2 points)

Section 5

Budget

Total Point Value:

6

Page Limit:

Not Applicable

Insert Open Windows Budget Form

Applicants must complete the Open Window Budget Form for Year 1 (**Community Health Centers: 3/1/2024 – 5/31/2024 & LHDs: 2/1/2024 – 5/31/2024**). Applicants must complete a separate Open Window Budget Form for Year 2 (**6/1/2024 – 5/31/2025 for all agencies**). Applicants must ensure that all worksheet cells are expanded to expose the full narrative justification for each line item before printing or saving as PDF. The Open Window Budget Form can be downloaded from the Women, Infant, and Community Wellness Section website at <https://wicws.dph.ncdhhs.gov/> on October 2, 2023.

A narrative justification must be included for every expense listed in the Year 1 and Year 2 budgets. Each justification should show how the amount on the line-item budget was calculated, and it should be clear how every expense relates to the program. The instructions for completing the Open Window Budget Form can be downloaded from the Women, Infant, and Community Wellness Section website at <https://wicws.dph.ncdhhs.gov/> on October 2, 2023.

Attachment A: Agency Information

This attachment must include each of the following:

- Organizational chart of the applying agency.

4. IRS Letter (for Community Health Centers)

Public Agencies:

Provide a copy of a letter from the IRS which documents your organization's tax identification number. The organization's name and address on the letter must match your current organization's name and address.

Private Non-profits:

Provide a copy of an IRS determination letter which states that your organization has been granted exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. The organization's name and address on the letter must match your current organization's name and address.

This IRS determination letter can also satisfy the documentation requirement of your organization's tax identification number.

5. Verification of 501(c)(3) Status Form

IRS Tax Exemption Verification Form (Annual)

I, _____, hereby state that I am _____ of
(Printed Name) (Title)
_____, ("Organization"), and by that authority duly given
(Legal Name of Organization)
and as the act and deed of the Organization, state that the Organization's status continues to be designated as 501(c)(3) pursuant to U.S. Internal Revenue Code, and the documentation on file with the North Carolina Department of Health and Human Services is current and accurate.

I understand that the penalty for perjury is a Class F Felony in North Carolina pursuant to N.C. Gen. Stat. § 14-209, and that other state laws, including N.C. Gen. Stat. § 143C-10-1, and federal laws may also apply for making perjured and/or false statements or misrepresentations.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this the _____ day of _____, 20_____.

(Signature)

Appendix A Forms for Reference

Do **NOT** complete these documents at this time **nor return them** with the
RFA response.
They are for reference only.

FEDERAL CERTIFICATIONS

The undersigned states that:

1. He or she is the duly authorized representative of the Contractor named below;
2. He or she is authorized to make, and does hereby make, the following certifications on behalf of the Contractor, as set out herein:
 - a. The Certification Regarding Nondiscrimination;
 - b. The Certification Regarding Drug-Free Workplace Requirements;
 - c. The Certification Regarding Environmental Tobacco Smoke;
 - d. The Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions; and
 - e. The Certification Regarding Lobbying;
3. He or she has completed the Certification Regarding Drug-Free Workplace Requirements by providing the addresses at which the contract work will be performed;
4. [Check the applicable statement]

☐ He or she **has completed** the attached **Disclosure of Lobbying Activities** because the Contractor **has made, or has an agreement to make**, a payment to a lobbying entity for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action;

OR

☐ He or she **has not completed** the attached **Disclosure of Lobbying Activities** because the Contractor **has not made, and has no agreement to make**, any payment to any lobbying entity for influencing or attempting to influence any officer or employee of any agency, any Member of Congress, any officer or employee of Congress, or any employee of a Member of Congress in connection with a covered Federal action.
5. The Contractor shall require its subcontractors, if any, to make the same certifications and disclosure.

Signature

Title

Contractor [Organization's] Legal Name

Date

[This Certification must be signed by a representative of the Contractor who is authorized to sign contracts.]

I. Certification Regarding Nondiscrimination

The Contractor certifies that it will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (h) the Food Stamp Act and USDA policy, which prohibit discrimination on the basis of religion and political beliefs; and (i) the requirements of any other nondiscrimination statutes which may apply to this Agreement.

II. Certification Regarding Drug-Free Workplace Requirements

1. **The Contractor certifies** that it will provide a drug-free workplace by:
 - a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 - b. Establishing a drug-free awareness program to inform employees about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The Contractor's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - c. Making it a requirement that each employee be engaged in the performance of the agreement be given a copy of the statement required by paragraph (a);
 - d. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the agreement, the employee will:
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
 - e. **Notifying the Department within ten days after receiving notice under subparagraph (d)(2) from an employee or** otherwise receiving actual notice of such conviction;

- f. Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:
 - (1) taking appropriate personnel action against such an employee, up to and including termination; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and
 - g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).
2. The sites for the performance of work done in connection with the specific agreement are listed below (list all sites; add additional pages if necessary):
- Street Address No.1:
-
- City, State, Zip Code:
-
- Street Address No.2:
-
- City, State, Zip Code:
-
3. Contractor will inform the Department of any additional sites for performance of work under this agreement.
 4. False certification or violation of the certification may be grounds for suspension of payment, suspension or termination of grants, or government-wide Federal suspension or debarment. 45 C.F.R. 82.510.

III. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000.00 per day and/or the imposition of an administrative compliance order on the responsible entity.

The Contractor certifies that it will comply with the requirements of the Act. The Contractor further agrees that it will require the language of this certification be included in any subawards that contain provisions for children's services and that all subgrantees shall certify accordingly.

IV. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

Instructions

[The phrase "prospective lower tier participant" means the Contractor.]

1. By signing and submitting this document, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of the fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originate may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant will provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549, 45 CFR Part 76. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter any lower tier covered transaction with a person who is debarred, suspended, determined ineligible or voluntarily excluded from participation in this covered transaction unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this document that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized in paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension, and/or debarment.

Certification

- a. **The prospective lower tier participant certifies**, by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- b. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

V. Certification Regarding Lobbying

The Contractor certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federally funded contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form SF-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award document for subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) who receive federal funds of \$100,000.00 or more and that all subrecipients shall certify and disclose accordingly.
4. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000.00 and not more than \$100,000.00 for each such failure.

VI. Disclosure of Lobbying Activities

Instructions

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member

of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub-award recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in Item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal Identifying number available for the Federal action identified in Item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract grant, or loan award number, the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in Item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (Item 4) to the lobbying entity (Item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate boxes. Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.

13. Check the appropriate boxes. Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Disclosure of Lobbying Activities
(Approved by OMB 0348-0046)

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance		2. Status of Federal Action: <input type="checkbox"/> a. Bid/offer/application <input type="checkbox"/> b. Initial Award <input type="checkbox"/> c. Post-Award		3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: Year _____ Quarter _____ Date of Last Report: _____	
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, (if known) Congressional District (if known) _____			5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District (if known) _____		
6. Federal Department/Agency:			7. Federal Program Name/Description: CFDA Number (if applicable) _____		
8. Federal Action Number (if known)			9. Award Amount (if known) : \$ _____		
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i> <i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i>			b. Individuals Performing Services <i>(including address if different from No. 10a.) (last name, first name, MI):</i> <i>(attach Continuation Sheet(s) SF-LLL-A, if necessary)</i>		
11. Amount of Payment (check all that apply): \$ _____ € actual € planned			13. Type of Payment (check all that apply): <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify: _____		
12. Form of Payment (check all that apply): <input type="checkbox"/> a. cash <input type="checkbox"/> b. In-kind; specify: Nature _____ Value _____					
14. Brief Description of Services Performed or to be Performed and Date(s) of Services, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11 <i>(attach Continuation Sheet(s) SF-LLL-A, if necessary):</i>					
15. Continuation Sheet(s) SF-LLL-A attached: <input type="checkbox"/> Yes <input type="checkbox"/> No					

<p>16. Information requested through this form is authorized by title 31 U. S. C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U. S. C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>	<p>Signature: _____</p> <p>Print Name: _____</p> <p>Title: _____</p> <p>Telephone No: _____ Date: _____</p>	
Federal Use Only		Authorized for Local Reproduction Standard Form - LLL

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D. C. 20503

CONFLICT OF INTEREST POLICY

CONFLICT OF INTEREST ACKNOWLEDGEMENT AND POLICY

State of _____

County _____

I, _____ hereby state that I am the _____
(Printed Name) (Title)

of _____ (“Organization”), and by that authority
(Legal Name of Organization)

duly given and as the act and deed of the Organization, state that the following Conflict of Interest Policy was adopted by the Board of Directors/Trustees or other governing body in a meeting held on the _____ day of _____, _____. I understand that the penalty
(Day of Month) (Month) (Year)

for perjury is a Class F Felony in North Carolina pursuant to N.C. Gen. Stat. § 14-209, and that other state laws, including N.C. Gen. Stat. § 143C-10-1, and federal laws may also apply for making perjured and/or false statements or misrepresentations.

I declare under penalty of perjury that the foregoing is true and correct. Executed on this the _____ day of _____, 20_____.
(Day of Month) (Month) (Year)

(Signature)

Instruction for Organization:

Sign and attach the following pages after adopted by the Board of Directors/Trustees or other governing body OR replace the following with the current adopted conflict of interest policy.

Name of Organization

Reference only — Not for signature

Signature of Organization Official

Conflict of Interest Policy Example

The Board of Directors/Trustees or other governing persons, officers, employees or agents are to avoid any conflict of interest, even the appearance of a conflict of interest. The Organization's Board of Directors, Trustees, or other governing body, officers, staff and agents are obligated to always act in the best interest of the organization. This obligation requires that any Board member or other governing person, officer, employee or agent, in the performance of Organization duties, seek only the furtherance of the Organization mission. At all times, Board members or other governing persons, officers, employees or agents, are prohibited from using their job title, the Organization's name or property, for private profit or benefit.

A. The Board members or other governing persons, officers, employees, or agents of the Organization should neither solicit nor accept gratuities, favors, or anything of monetary value from current or potential contractors/vendors, persons receiving benefits from the Organization or persons who may benefit from the actions of any Board member or other governing person, officer, employee or agent. This is not intended to preclude bona-fide Organization fund raising-activities.

B. A Board or other governing body member may, with the approval of Board or other governing body, receive honoraria for lectures and other such activities while not acting in any official capacity for the Organization. Officers may, with the approval of the Board or other governing body, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. Employees may, with the prior written approval of their supervisor, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. If a Board or other governing body member, officer, employee or agent is acting in any official capacity, honoraria received in connection with activities relating to the Organization are to be paid to the Organization.

C. No Board member or other governing person, officer, employee, or agent of the Organization shall participate in the selection, award, or administration of a purchase or contract with a vendor where, to his knowledge, any of the following has a financial interest in that purchase or contract:

1. The Board member or other governing person, officer, employee, or agent;
2. Any member of their family by whole or half blood, step or personal relationship or relative-in-law;
3. An organization in which any of the above is an officer, director, or employee;
4. A person or organization with whom any of the above individuals is negotiating or has any arrangement concerning prospective employment or contracts.

D. Duty to Disclosure -- Any conflict of interest, potential conflict of interest, or the appearance of a conflict of interest is to be reported to the Board or other governing body or one's supervisor immediately.

E. Board Action -- When a conflict of interest is relevant to a matter requiring action by the Board of Directors/Trustees or other governing body, the Board member or other governing person, officer, employee, or agent (person(s)) must disclose the existence of the conflict of interest and be given the opportunity to disclose all material facts to the Board and members of committees with governing board delegated powers considering the possible conflict of interest. After disclosure of all material facts, and after any discussion with the person, he/she shall leave

the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

In addition, the person(s) shall not participate in the final deliberation or decision regarding the matter under consideration and shall leave the meeting during the discussion of and vote of the Board of Directors/Trustees or other governing body.

F. Violations of the Conflicts of Interest Policy -- If the Board of Directors/Trustees or other governing body has reasonable cause to believe a member, officer, employee or agent has failed to disclose actual or possible conflicts of interest, it shall inform the person of the basis for such belief and afford the person an opportunity to explain the alleged failure to disclose. If, after hearing the person's response and after making further investigation as warranted by the circumstances, the Board of Directors/Trustees or other governing body determines the member, officer, employee or agent has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

G. Record of Conflict -- The minutes of the governing board and all committees with board delegated powers shall contain:

1. The names of the persons who disclosed or otherwise were found to have an actual or possible conflict of interest, the nature of the conflict of interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.
2. The names of the persons who were present for discussions and votes relating to the transaction or arrangement that presents a possible conflict of interest, the content of the discussion, including any alternatives to the transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Approved by:

Name of Organization

Signature of Organization Official

Date

NO OVERDUE TAX DEBTS CERTIFICATION**State Grant Certification – No Overdue Tax Debts¹**

To: State Agency Head and Chief Fiscal Officer

Certification:

We certify that the _____
 [Organization's full legal name] does not have any overdue tax debts, as defined by **N.C.G.S. 105-243.1**, at the federal, State, or local level. We further understand that any person who makes a false statement in violation of **N.C.G.S. 143C-6-23(c)** is guilty of a criminal offense punishable as provided by **N.C.G.S. 143C-101(b)**.

Sworn Statement:

_____ [Name of Board Chair] and
 _____ [Name of Second Authorizing Official] being
 duly sworn, say that we are the Board Chair and
 _____ [Title of Second Authorizing Official],
 respectively, of _____
 [Agency/Organization's full legal name] of _____ [City] in the State of
 _____ [State]; and that the foregoing certification is true, accurate and
 complete to the best of our knowledge and was made and subscribed by us. We also
 acknowledge and understand that any misuse of State funds will be reported to the appropriate
 authorities for further action.

Reference only — Not for
signature

Board Chair

Reference only — Not for
signature

Title

Date

Signature

Title of Second Authorizing Official

Date

Sworn to and subscribed before me this _____ day of _____, 20__.

Reference only — Not for signature

Notary Signature and Seal

Notary's commission expires _____, 20__.

¹ G.S. 105-243.1 defines: Overdue tax debt – Any part of a tax debt that remains unpaid 90 days or more after the notice of final assessment was mailed to the taxpayer. The term does not include a tax debt, however, if the taxpayer entered into an installment agreement for the tax debt under G.S. 105-237 within 90 days after the notice of final assessment was mailed and has not failed to make any payments due under the installment agreement.”

CONTRACTOR CERTIFICATIONS

State Certifications

Contractor Certifications Required by North Carolina Law

Instructions: The person who signs this document should read the text of the statutes and Executive Order listed below and consult with counsel and other knowledgeable persons before signing. The text of each North Carolina General Statutes and of the Executive Order can be found online at:

- Article 2 of Chapter 64: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/ByArticle/Chapter_64/Article_2.pdf
- G.S. 133-32: <http://www.ncga.state.nc.us/gascripts/statutes/statutelookup.pl?statute=133-32>
- Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009): <http://www.ethicscommission.nc.gov/library/pdfs/Laws/EO24.pdf>
- G.S. 105-164.8(b): http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_105/GS_105-164.8.pdf
- G.S. 143-48.5: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-48.5.html
- G.S. 143-59.1: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.1.pdf
- G.S. 143-59.2: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143/GS_143-59.2.pdf
- G.S. 143-133.3: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_143/GS_143-133.3.html
- G.S. 143B-139.6C: http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_143B/GS_143B-139.6C.pdf

Certifications

- (1) **Pursuant to G.S. 133-32 and Executive Order No. 24 (Perdue, Gov., Oct. 1, 2009)**, the undersigned hereby certifies that the Contractor named below is in compliance with, and has not violated, the provisions of either said statute or Executive Order.
- (2) **Pursuant to G.S. 143-48.5 and G.S. 143-133.3**, the undersigned hereby certifies that the Contractor named below, and the Contractor's subcontractors, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system." E-Verify System Link: www.uscis.gov
- (3) **Pursuant to G.S. 143-59.1(b)**, the undersigned hereby certifies that the Contractor named below is not an "ineligible Contractor" as set forth in G.S. 143-59.1(a) because:
 - (a) Neither the Contractor nor any of its affiliates has refused to collect the use tax levied under Article 5 of Chapter 105 of the General Statutes on its sales delivered to North Carolina when the sales met one or more of the conditions of G.S. 105-164.8(b); **and**
 - (b) [check **one** of the following boxes]
 - ☐ Neither the Contractor nor any of its affiliates has incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001; **or**
 - ☐ The Contractor or one of its affiliates **has** incorporated or reincorporated in a "tax haven country" as set forth in G.S. 143-59.1(c)(2) after December 31, 2001
- (4) **Pursuant to G.S. 143-59.2(b)**, the undersigned hereby certifies that none of the Contractor's officers, directors, or owners (if the Contractor is an unincorporated business entity) has been convicted of any violation of Chapter 78A of the General Statutes or the Securities Act of 1933 or the Securities Exchange Act of 1934 within 10 years immediately prior to the date of the bid solicitation.
- (5) **Pursuant to G.S. 143B-139.6C**, the undersigned hereby certifies that the Contractor will not use a former employee, as defined by G.S. 143B-139.6C(d)(2), of the North Carolina Department of Health and Human Services in the administration of a contract with the Department in violation of G.S. 143B-139.6C and that a violation of that statute shall void the Agreement.
- (6) The undersigned hereby certifies further that:
 - (a) He or she is a duly authorized representative of the Contractor named below;
 - (b) He or she is authorized to make, and does hereby make, the foregoing certifications on behalf of the Contractor; and
 - (c) He or she understands that any person who knowingly submits a false certification in response to the requirements of G.S. 143-59.1 and -59.2 shall be guilty of a Class I felony.

Contractor's Name: _____

Contractor's
Authorized Agent: Signature _____ Date _____

Printed Name _____ Title _____

Witness: Signature _____ Date _____

Printed Name _____ Title _____

The witness should be present when the Contractor's Authorized Agent signs this certification and should sign and date this document immediately thereafter.

FFATA Form

Federal Funding Accountability and Transparency Act (FFATA) Data Reporting Requirement
NC DHHS, Division of Public Health Subawardee Information

A. Exemptions from Reporting

- 1. Entities are exempted from the entire FFATA reporting requirement if any of the following are true:
- The entity has a gross income, from all sources, of less than \$300,000 in the previous tax year
- The entity is an individual
- If the required reporting would disclose classified information
- 2. Entities who are not exempted for the FFATA reporting requirement may be exempted from the requirement to provide executive compensation data. This executive compensation data is required only if both are true:
- More than 80% of the entity's gross revenues are from the federal government and those revenues are more than \$25 million in the preceding fiscal year
- Compensation information is not already available through reporting to the U.S. Securities and Exchange Commission.

By signing below, I state that the entity listed below is exempt from:
The entire FFATA reporting requirement:

- as the entity's gross income is less than \$300,000 in the previous tax year.
as the entity is an individual.
as the reporting would disclose classified information.

Only executive compensation data reporting:

- as at least one of the bulleted items in item number 2 above is not true.

Reference only - Not for signature

Signature Name Title

Entity Date

B. Reporting

- 1. FFATA Data required by all entities which receive federal funding (except those exempted above) per the reporting requirements of the Federal Funding Accountability and Transparency Act (FFATA).

Entity's Legal Name Contract Number

Active UEI registration record is attached

An active registration with UEI is required

Entity's UEI Entity's Parent's UEI (if applicable)

Entity's Location

street address
city/st/zip+4
county

Primary Place of Performance for specified contract

Check here if address is the same as Entity's Location

street address
city/st/zip+4
county

- 2. Executive Compensation Data for the entity's five most highly compensated officers (unless exempted above):

Title	Name	Total Compensation
1.		
2.		
3.		
4.		
5.		

Page left intentionally blank.